

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1535

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (In this place) <u>3 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>427 Wooster</u>				d. STREET ADDRESS (If rural, give location) <u>1406 S. Maple</u>			
3. NAME OF DECEASED (Type or Print) <u>Fred Peter Darrow</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21, 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sep 23, 1884</u>	
9. AGE (In years last birthday) <u>64</u>		10. UNDER 1 YEAR Months <u>3</u> Days <u>28</u>		11. BIRTHPLACE (State or foreign country) <u>Cartersville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oilman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Oil</u>					
13a. FATHER'S NAME <u>Frank Darrow</u>		13b. MOTHER'S MAIDEN NAME <u>Emelia Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Ermina Eckls</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ermina Darrow, Carthage, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sclerosis, multiple</u>  ANTECEDENT CAUSES DUE TO (b) <u>None.</u> DUE TO (c) <u>None</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 12, 1948</u> to <u>Jan 21, 1949</u> , that I last saw the deceased alive on <u>Jan 21, 1949</u> , and that death occurred at <u>3:31 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u>		23b. ADDRESS <u>Carthage Mo</u>		23c. DATE SIGNED <u>Jan 24 '49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 26, 1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. C. Ulmer, Carthage, Mo.</u>			

Per. H. Ferguson (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 21 1967

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*John S. Penney*  
Licensed Embalmer No. *4194*

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.